soured. He thinks that Streptococcus lacticus, the organism responsible for the natural souring of milk, produces about the right palatability. When milk has solidified from the coagulation of the casein brought about by Streptococcus lacticus it contains these bacteria in almost pure culture. Milk which has reached this stage is eaten by many people as a delicacy. Raw certified milk is preferable to boiled milk for use in the souring process, as boiling alters the taste. However, he thinks it better to boil or pasteurize the milk if certified milk cannot be obtained. If this is deemed necessary, an artificial starter must be used. Any of the commercial preparations serve for this purpose—lacto-bacilline, fermenlactyl, kefil, yoghurt, or lactone. A small amount of the artificially soured milk may be used for subsequent inoculations. Metchnikoff believes that the presence of yeasts is detrimental, yet all of the commercial preparations save one contained yeasts in large numbers. Yoghurt of the Bulgarians, kefir, koumyss, leben, and all the other fermented milk beverages contain alcohol-forming yeasts. Heinemann says that the question of taste is of considerable importance, and believes that the taste produced by the activity of Streptococcus lacticus with the addition of a yeast is without doubt the most preferable.

The Treatment of Obesity.—Von Noorden (*Med. Klinik,* 1909, i, 1) distinguishes two main forms of obesity. One form is due to overfeeding in proportion to exercise, and the other is due to deficiency of thyroid function. In the first form the power of oxidation is normal, but excessive eating or lack of exercise, or a combination of both, causes obesity. In the second form the power of oxidation is reduced, though the amount of exercise may be relatively normal. The influence of the thyroid may be primary or secondary. In the secondary forms the deficient oxidation may be due to an inhibitory action upon the thyroid secretion by diseases of other organs, such as the pancreas, ovaries, hypophysis cerebri, suprarenals, or thymus. Von Noorden divides cases of obesity into these two main classes, in order to facilitate their treatment. He treats the first class by the general principles of the usual obesity cure, which is a diet of low caloric value with an abundant supply of albumin. Exercise is a valuable adjunct, and oxidation may be increased by the withdrawal of warmth. If dietetic measures fail after a fair trial, he believes that thyroid insufficiency should be suspected. He thinks that a careful and systematic thyroid treatment is much less taxing to the patient than the ordinary dietetic treatment, especially the "starvation cases." He allows his patients on thyroid treatment a liberal diet, especially of proteins. He says that dietetic measures and exercise have no effect upon cases of obesity of thyroid origin except that of weakening the patient.

The Dietetic Treatment of Obesity.—Strauss (*Therap. Monat.,* 1909, i, 17) reviews the dietetic treatment of obesity as advocated by many different observers. He thinks that the Karell "milk cure," with its various modifications, and the Rosenfeld "potato cure" are practically starvation diets. They are only applicable to those patients who can be kept in bed or at rest. These diets are especially low in protein, so that the nitrogen equilibrium is not maintained. Consequently part of the loss of weight in such cases is due to the loss of protein substances from the body. He says that it is unfortunate that the ease of their application should be one of the chief arguments advanced for their use. Strauss' opinion is that a more liberal though definite diet and a regulated manner of living have more permanent effects than the so-called short "cures." Since the course of the disease is essentially chronic, an endeavor should be made to regulate the diet and mode of life for an indefinite time. The selected diet should be both satisfying and nutritious and as like the usual diet of the patient as possible. In short, Strauss would prefer to treat the individual case of obesity rather than to treat by a definite plan. He gives some general rules. and tables of the caloric value of the different articles of food. He divides these into three classes—foods of high caloric value, those of poor caloric value, and those of moderate value. In a proper diet the protein content should be from 100 to 120 grams, which is equivalent to from 400 to 500 calories. In the Moritz milk cure the protein content is from 45 to 90 grams, which is equivalent to from 180 to 370 calories. The nitrogen-free food should be equivalent to from 1000 to 1500 calories. In the "quick cures" the nitrogen-free food is equivalent to less than 600 calories. The question whether the nitrogen-free food should be given in the form of carbohydrates or fats is a debatable one. Ebstein, Karell, Lenhartz, Tarnier, Schindler-Barnay, Debove-Gaval, Bouchard, and Moritz supply the bulk of the necessary calories by a preponderance of fats. In Hirschfeld's diet, the calories supplied by fats and carbohydrates are nearly equal. Bunting, Hart, Kisch, von Noorden, and others favor the use of carbohydrates to supply the necessary calories. Strauss favors the last method, since patients, as a rule, tolerate the reduction of fats more easily than that of carbohydrates, especially such carbohydrates as bread and potatoes. Furthermore, carbohydrates are most easily combined with the necessary protein. Strauss believes that certain procedures may be of value to reduce weight in certain cases of obesity. Among these are various modifications of the milk cure. Thus, Lenhartz has modified the usual Karell cure to hasten the loss of fat in the ordinary treatment of obesity. He gives 800 c.c. of milk for periods of from six to eight days. Roemheld uses 1000 c.c. of milk on two days of each week, combined with a restricted diet for the remainder of the week. Boas makes use of fast days, when patients receive tea with saccharin and lemon, fat-free bouillon, the whites of two or three eggs, a few sour apples, and approximately 100 grams of whole wheat or Graham bread. This diet contains about 470 calories. The Oertel treatment and also the various milk cures have the advantage of a restriction in the amount of fluids. Furthermore, the milk cures have a low sodium chloride content. Both of these tend to a loss of weight which is not due entirely to the loss of fat.

The tables which Strauss gives are valuable and offer a great variety of foodstuffs to choose from. Some general rules which he follows in diet are valuable. He uses meat in amounts not of more than 300 grams a day. The whites of hard-boiled eggs and fat-poor cheese may be added to supply the necessary amount of protein. Green vegetables and various salads add variety to the diet. Potatoes are allowed, and are valuable because of their satisfying effect upon the appetite. Among the vegetables which he advises are green beans, spinach, cauliflower, asparagus, mushrooms, and the cabbage group. He forbids grapes, bananas, figs, dates, and nuts. Other fruits may be eaten raw or cooked with the addition of saccharin. Bread is given preferably in the form of whole wheat bread or diabetic bread containing albumen. Alcoholic beverages are forbidden. Other beverages should not be taken with meals. They should be restricted in amount and taken between meals. The intervals between feedings should not be long, and a cup of tea, bouillon, or some raw fruit taken between meals may lessen the appetite for the next meal. The sensation of an empty stomach is to be avoided, and this can easily be done by the use of some article of food poor in caloric value.

Tuberculosis.—WRIGHT (*Jour. Amer. Med. Assoc.*, 1909, lii, 1227) believes that mercury has a specific action in tuberculosis and gives some statistics to support this belief. He compares the results obtained by the routine treatment with the results obtained by the addition of deep muscular injections of mercury to the routine treatment. In a series of 161 cases, 83 patients voluntarily chose the addition of mercury to the routine treatment, while 78 patients preferred the routine treatment alone. Of the 161 cases, 8 were cured. Of those cured, 87.5 per cent. took the mercury treatment, while 12.5 per cent. took the routine treatment. There were 43 cases that showed marked improvement; all of these took the mercury treatment. Sixteen cases were improved; of these 87.5 per cent. had the mercury treatment, while 12.5 per cent. had the ordinary routine measures. Seventeen of the cases were classified as slightly improved; of these, 58.82 per cent. were on the mercury treatment, and 41.18 per cent. were on the routine treatment alone. Nineteen cases remained stationary; all of these took the routine treatment alone. There were 42 cases that showed an advance in the tuberculous process. Of these, 9.52 per cent. took the mercury treatment and 90.48 per cent. took the routine treatment. Sixteen deaths occurred in the series; of these, 31.2 per cent. were on the mercury treatment, and 68.8 per cent. were on the routine treatment. Combining the items cured, marked improvement, improved, and slightly improved, under the heading improved, stationary as such, and combining the items failed and died under the heading, failed, the following percentages are obtained. Of the 83 patients on mercury, 89.16 per cent. improved; none were stationary; 10.84 per cent. failed. Of the 78 patients on the routine treatment, 12.82 per cent. improved; 24.36 per cent. remained stationary; 62.82 per cent. failed. Wright gives the mercury by deep intramuscular injections in gradually increasing doses until the therapeutic limit is reached. After the maximum dose is established, it is then divided by two and the injections continued with this dosage. During the intervals between the injections the use of potassium iodide, which Wright formerly advised, is discontinued.